

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10507115  
APPLICANT(S)

FILING DATE

03/08/2005

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2						
3	✓					
4	✓		✓			
5	✓	0	✓	4		
6	✓		✓			
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	3	←	6	←		←
TOTAL CLAIMS	6		9			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						